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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Zsakiya | |
| | your government-issued picture identification (for example, your driver's license or passport). Bring your picture | First name | First name |
| | | 0 | |
| | | Middle name | Middle name |
| | | Morgan | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | Zsakiya O Stallings | |
| | maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3918 | |

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Debtor 1 Zsakiya O Morgan

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 25762 S. Cottage Grove Ave. Crete, IL 60417 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Will County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Debtor 1 Zsakiya O Morgan

Case number (if known)

| Par | Tell the Court About | Your Ba | ınkruptcy Ca | se | | | |
|-----|--|-----------|----------------------------------|--|---|---|-----------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by 1</i> f page 1 and check the appropriate | 1 U.S.C. § 342(b) for Individuals Filing for Bankro | uptcy |
| | choosing to file under | Chapter 7 | | | | | |
| | | ☐ Ch | apter 11 | | | | |
| | | ☐ Ch | apter 12 | | | | |
| | | ☐ Ch | napter 13 | | | | |
| | | | • | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typ attorney is subi | pically, if you are paying the fee you | with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or lf, your attorney may pay with a credit card or che | r money |
| | | | | | tallments. If you choose this option to (Official Form 103A). | n, sign and attach the Application for Individuals | to Pay |
| | | | J | | , | only if you are filing for Chapter 7. By law, a judg | je may, |
| | | | but is not req applies to you | uired to, waive y ur family size ar | your fee, and may do so only if you nd you are unable to pay the fee in | ir income is less than 150% of the official poverty installments). If you choose this option, you must al Form 103B) and file it with your petition. | line that |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes | S. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with | ☐ Yes | S. | | | | |
| | you, or by a business partner, or by an affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ine 12. | | | |
| | . Joing in the second of the s | ☐ Yes | s. Has yo | ur landlord obta | ained an eviction judgment against | you and do you want to stay in your residence? | |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out <i>In</i> bankruptcy per | | udgment Against You (Form 101A) and file it with | n this |
| | | | | | | | |

| | | Document | Page 4 of 60 | | |
|----------|------------------|----------|--------------|------------------------|--|
| Debtor 1 | Zsakiya O Morgan | | 3 | Case number (if known) | |
| | | | | | |

| Par | Report About Any Bu | sinesses ` | You Own | as a Sole Propriet | or | | |
|-----|--|--|----------|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Go to Part 4. | | | |
| | | ☐ Yes. | Name | iness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, Stat | te & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | thapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, ankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the outar small business in 11 U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | No. | Iamı | not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | ■ No. | If immed | the hazard? diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code | | |

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Debtor 1 Zsakiya O Morgan

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

oodiiseiiiig beddase oi:

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 60 Case number (if known) Debtor 1 Zsakiya O Morgan Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1.000.001 - \$10 million □ \$500.000.001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Zsakiya O Morgan Signature of Debtor 2 Zsakiya O Morgan Signature of Debtor 1 Executed on January 27, 2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Zsakiya O Morgan

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David G | Sallagher | Date | January 27, 2016 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| David Gall | agher | | |
| Upright La | w LLC | | |
| Firm name | | | |
| 79 West M | onroe | | |
| Fifith Floo | r | | |
| Chicago, I | L 60603 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 855-466-3920 | Email address | notices@uprightlaw.com |
| 6295024 | | | |
| Par number 9 C | toto | | |

| | | DUCUIII | TIL FAUE O UL UU | |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Zsakiya O Morga | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets If what you own |
|----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 13,451.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 13,451.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 3,451.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 66,727.25 |
| | Your total liabilities | \$ | 70,178.25 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,949.93 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,931.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your | ır other sch | nedules. |
| | ■ Yes What kind of debt do you have? | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

4,068.76 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 41,995.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 41,995.00 |

Case 16-02497 Doc 1 Filed 01/27/16 Entered 01/27/16 16:32:24 Desc Main Document Page 10 of 60 Fill in this information to identify your case and this filing: Debtor 1 Zsakiya O Morgan Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Chrylser Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sebring Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2006 Year: Debtor 2 only Current value of the Current value of the 180,000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Value According to KBB \$1,570.00 \$1,570.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$1,570.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 16-02497 Filed 01/27/16 Entered 01/27/16 16:32:24 Document Page 11 of 60 Debtor 1 Case number (if known) Zsakiya O Morgan Yes. Describe..... \$2,000.00 Household Goods and Furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$500.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes.....

Doc 1

Desc Main

Document Page 12 of 60 Case number (if known) Debtor 1 Zsakiya O Morgan

Cash on hand at time of \$2.00 filing 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Global Cash** \$5.00 17.1. Pe-Paid Debit 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$1,200.00 401(k) Advocate 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

| D٤ | ebtor 1 | Zsakiya O Morgan | Document | Page 13 of 60 Case number (if | known) |
|-----|--|--|--|---|---|
| | _ | Give specific information about t | hem | | |
| | | · | | | |
| 21. | | ses, franchises, and other gener ples: Building permits, exclusive li | | n holdings, liquor licenses, professiona | I licenses |
| | | Give specific information about t | hem | | |
| Mo | oney or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax re | funds owed to you | | | dame of exemptione. |
| | □ No | · | | | |
| | Yes. | Give specific information about the | nem, including whether you alro | eady filed the returns and the tax years. | |
| | | | 2015 Anticipated Tax Ro | efund based on | |
| | | | 2014 | | |
| | | | \$8,174.00 recevied \$5,187.00 and Child | | \$9.17 <i>4</i> .00 |
| _ | | | \$2,000.00 | | \$8,174.00 |
| | Exam _i ■ No | y support ples: Past due or lump sum alimon Give specific information | ny, spousal support, child supp | ort, maintenance, divorce settlement, p | roperty settlement |
| | Exam _i ■ No □ Yes. | benefits; unpaid loans you n Give specific information | | nefits, sick pay, vacation pay, workers' | compensation, Social Security |
| 31. | | sts in insurance policies ples: Health, disability, or life insu | rance; health savings account | (HSA); credit, homeowner's, or renter's | insurance |
| | □ No | Name the insurance company of | each policy and list its value | | |
| | - res. | Company of Company of | | Beneficiary: | Surrender or refund |
| | | Term Life | e with Employer | | value: \$0.00 |
| 33. | If you somed No Yes. Claims Exam No Yes. | one has died. Give specific information s against third parties, whether ples: Accidents, employment disp Describe each claim | t, expect proceeds from a life in or not you have filed a lawsuutes, insurance claims, or right | it or made a demand for payment | |
| | ■ No | Describe each claim | , , , , , , , , , , , , , , , , , , , | J and in | 9 |
| | | nancial assets you did not alrea | dy list | | |
| | ■ No | • | | | |
| | | Give specific information m 106A/B | Schedule A/B: | Property | page 4 |

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| Deb | otor 1 | Zsakiya O Morgan | | Case number (if known) | |
|--------------|-----------------------|--|----------------------------|------------------------------|-------------|
| 36. | | the dollar value of all of your entries from Part 4, including art 4. Write that number here | | | \$9,381.00 |
| Part | 5: De | escribe Any Business-Related Property You Own or Have an Intere | est In. List any real esta | ite in Part 1. | |
| 37. [| Do you o | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | o to Part 6. | | | |
| | Yes. C | Go to line 38. | | | |
| Part | | escribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. | Do you | ı own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| | No. | Go to Part 7. | | | |
| | ☐ Yes | s. Go to line 47. | | | |
| | <i>Exam</i> µ ■ No | Describe All Property You Own or Have an Interest in That You a have other property of any kind you did not already list? soles: Season tickets, country club membership Give specific information | | | |
| 54. | Add t | the dollar value of all of your entries from Part 7. Write tha | at number here | | \$0.00 |
| Part | t 8 : | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$1,570.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$2,500.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$9,381.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$13,451.00 | Copy personal property total | \$13,451.00 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,451.00

| | | Docume | T ddC 13 01 00 | | |
|---|-----------------|-------------------|----------------|--|--|
| Fill in this information to identify your case: | | | | | |
| Debtor 1 | Zsakiya O Morga | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
| 1. Whic | h set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
|--|---|----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | | | | |
| 2006 Chrylser Sebring 180,000 miles Value According to KBB | \$1,570.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | 735 ILCS 5/12-1001(b) | |
| Line from Scheaule A/B: 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Wearing Apparel Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) | |
| Line Ironi Scriedule Arb. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash on hand at time of filing Line from Schedule A/B: 16.1 | \$2.00 | | \$2.00 | 735 ILCS 5/12-1001(b) | |
| Line Holli Schedule PAB. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Pe-Paid Debit: Global Cash Line from Schedule A/B: 17.1 | \$5.00 | | \$5.00 | 735 ILCS 5/12-1001(b) | |
| Line Horr Scriedule A/D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Case number (if known)

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----|--|--------------------------------------|---------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 401(k): Advocate Line from Schedule A/B: 21.1 | \$1,200.00 | | 100% | 735 ILCS 5/12-1006 |
| | Line IIIIII Schedule PVD. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2015 Anticipated Tax Refund based on 2014 | \$8,174.00 | | \$7,187.00 | 735 ILCS 5/12-1001(g)(1) |
| | \$8,174.00 recevied with EIC being \$5,187.00 and Child Tax Credit of \$2,000.00 Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2015 Anticipated Tax Refund based on 2014 | \$8,174.00 | | \$987.00 | 735 ILCS 5/12-1001(b) |
| | \$8,174.00 recevied with EIC being \$5,187.00 and Child Tax Credit of \$2,000.00 Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every No Yes. Did you acquire the property covered No Yes | 3 years after that for ca | ases fi | , | , |

| | | Document | Page 1 | L7 of 60 | | |
|-----------------------------|--|--|------------------|-------------------------------------|--|-----------------------|
| Fill in this info | ormation to identify you | ır case: | | | | |
| Debtor 1 | Zsakiya O Morg | ıan | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Chec | ck if this is an |
| | | | | | | nded filing |
| ~ | 4005 | | | | | |
| Official Fo | rm 106D | | | | | |
| Schedule | e D: Creditors | Who Have Claims | Secure | ed by Property | y | 12/15 |
| Be as complete | and accurate as possible. | If two married people are filing toget | her, both are | equally responsible for su | pplying correct inform | nation. If more space |
| is needed, copy | the Additional Page, fill it | out, number the entries, and attach i | | | | |
| number (if know | • | | | | | |
| ` | ors have claims secured by | | | Vau hava nathing also t | a ranget an this form | |
| _ | | his form to the court with your othe | er scriedules. | You have nothing else to | o report on this form. | |
| ■ Yes. Fil | I in all of the information | below. | | | | |
| Part 1: List | All Secured Claims | | | Calumn A | Caluman D | Calumn |
| | | more than one secured claim, list the co | | | Column B | Column C |
| | | s a particular claim, list the other creditor ical order according to the creditor's na | | s Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | | | | value of collateral. | claim | If any |
| 2.1 Westlak Creditor's N | ke Financial Svc | Describe the property that secures | | \$3,451.00 | \$1,570.00 | \$1,881.00 |
| Greditor 5 TV | amo | 2006 Chrylser Sebring 180, Value According to KBB | ooo miles | | | |
| 4751 W | ilshire Blvd Suite | | | | | |
| 100 | | As of the date you file, the claim is apply. | : Check all that | | | |
| Los Ang | geles, CA 90010 | Contingent | | | | |
| Number, Str | eet, City, State & Zip Code | ☐ Unliquidated | | | | |
| | 1.1.0.0 | Disputed | | | | |
| _ | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | An agreement you made (such as car loan) | s mortgage or | secured | | |
| ☐ Debtor 2 only | | _ ′ | | | | |
| Debtor 1 and | Debtor 2 only of the debtors and another | ☐ Statutory lien (such as tax lien, m☐ Judgment lien from a lawsuit | ecnanic's lien) | | | |
| _ | claim relates to a | ☐ Other (including a right to offset) | | | | |
| community | | | | | | |
| | Opened | | | | | |
| | Opened 3/05/15 | | | | | |
| | Last Active | | | | | |
| Date debt was i | ncurred 12/04/15 | Last 4 digits of account nun | nber 3431 | <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | • | Column A on this page. Write that nur | | \$3,45 | 51.00 | |
| Write that nur | | the dollar value totals from all pages | 5. | \$3,45 | 1.00 | |
| Day 6 | Dale and the De North of the | a Bala That You Alors do Lista | | | | |
| | | or a Debt That You Already Listed | | | | |
| | | e notified about your bankruptcy for we to someone else, list the creditor | | | | |
| than one credite | or for any of the debts that | t you listed in Part 1, list the addition | | | | |
| uepts in Part 1, | do not fill out or submit th | ns page. | | | | |
| Name A | Address | | | | | |
| -NONE | - | (| On which I | ine in Part 1 did you | enter the creditor | r? |
| | | | | - | | |
| | | ı | ∟ast 4 digit | s of account numbe | Г | |

Page 18 of 60 Document Fill in this information to identify your case: Debtor 1 Zsakiya O Morgan Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 \$542.00 **Alliance One** Last 4 digits of account number 7062 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 9/01/14 Po Box 2449 Gig Harbor, WA 98335 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Collection Attorney Nipsco/ Angola 090

Document Page 19 of 60 Debtor 1 Zsakiya O Morgan Case number (if know) 4.2 **Auto Owners Insurance Company** Last 4 digits of account number 0086 \$7,330.54 Nonpriority Creditor's Name 6101 Anacapri Blvd. When was the debt incurred? 2015 Lansing, MI 48917 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Lawsuit ☐ Yes 4.3 **Commonwealth Financial Systems** \$560.00 Last 4 digits of account number 35N1 Nonpriority Creditor's Name 245 Main St When was the debt incurred? Opened 10/01/14 Dickson City, PA 18519 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Attorney Mea-Ingalls** Other. Specify Dept Of Ed/Nelnet Last 4 digits of account number 3119 \$6,483.00 Nonpriority Creditor's Name Attn: Claims Opened 6/01/13 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

☐ Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Educational

Document Page 20 of 60 Debtor 1 Zsakiya O Morgan Case number (if know) 4.5 **Dept Of Ed/Nelnet** Last 4 digits of account number 3019 \$3,559.00 Nonpriority Creditor's Name Attn: Claims Opened 6/01/13 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational Dept Of Ed/Nelnet 4.6 Last 4 digits of account number 0524 \$1,401.00 Nonpriority Creditor's Name Attn: Claims Opened 1/01/12 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify **Educational** Dept Of Ed/Nelnet 4.7 Last 4 digits of account number 0624 \$701.00 Nonpriority Creditor's Name Attn: Claims Opened 1/01/12 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not

■ No
□ Yes

report as priority claims

☐ Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

Educational

Is the claim subject to offset?

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☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational

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Document Page 22 of 60 Debtor 1 Zsakiya O Morgan Case number (if know) 4.1 **Dept Of Ed/Nelnet** 6619 \$2,166.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 3/01/14 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 Dept Of Ed/Nelnet 5224 \$4,344.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 4/01/11 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.1 \$2.166.00 Dept Of Ed/Nelnet 6124 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 5/01/11 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

Official Form 106 E/F

■ No ☐ Yes report as priority claims

☐ Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

Is the claim subject to offset?

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| Debto | r 1 Zsakiya O Morgan | —————————————————————————————————————— | Case number (if know) | |
|----------|---|---|---|------------|
| 4.1 | Dept Of Ed/Nelnet | Last 4 digits of account number | 3824 | \$1,583.00 |
| 4 | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 4/01/02 Last Active 12/31/15 | . , |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.1 5 | Dept Of Ed/NeInet Nonpriority Creditor's Name | Last 4 digits of account number | 3924 | \$1,823.00 |
| | Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 4/01/02 Last Active 12/31/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ll | |
| 4.1 6 | Dept Of Ed/NeInet Nonpriority Creditor's Name | Last 4 digits of account number | 0724 | \$1,847.00 |
| | Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 1/01/12 Last Active 12/31/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loansObligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify | | |

Educational

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Document Page 24 of 60 Debtor 1 Zsakiya O Morgan Case number (if know) 4.1 **Dept Of Ed/Nelnet** 4024 \$4,190.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Opened 1/01/11 Last Active Po Box 82505 When was the debt incurred? 12/31/15 Lincoln, NE 68501 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 **Diversified Consultant** 9214 \$1,106.00 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? Dci Po Box 551268 Jacksonville, FL 32255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 11 At T Wireless ☐ Yes 4.1 **Diversified Consultants Inc.** 9214 \$1,106.06 9 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 551268 2014 When was the debt incurred? Jacksonville, FL 32255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection for ATT

Is the claim subject to offset?

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Debtor 1 Zsakiya O Morgan Case number (if know) 4.2 **ERC/Enhanced Recovery Corp** 1549 \$246.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? Opened 4/01/15 Jacksonville, FL 32256 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Collection Attorney Tmobile** Other, Specify 4.2 **Genesis Lending** 8383 \$9,384.59 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 84004 2014 When was the debt incurred? Columbus, GA 31908 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Consumer 4.2 **GLA Collection Company** 0833 \$69.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 7728 When was the debt incurred? Opened 11/01/14 Dept #2 Lousiville, KY 40257 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Rad Imag** ☐ Yes ■ Other. Specify Consults-Ing-Avoca

| 1 Zsakiya O Morgan | —————————————————————————————————————— | Case number (if know) | |
|--|--|---|-----------|
| Midland Credit Management, Inc. | Last 4 digits of account number | 3918 | \$1,217.0 |
| Nonpriority Creditor's Name 8875 Aero Drive, Suite 200 San Diego, CA 92123 | When was the debt incurred? | 2014 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Consumer | | |
| RWI Investments | Last 4 digits of account number | 3915 | \$545.0 |
| Nonpriority Creditor's Name PO BOX 331 | When was the debt incurred? | 2014 | |
| Gilberts, IL 60136 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | Пост | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | u ciaiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| □ Yes | Other. Specify Consumer | | |
| Springer Collection | Last 4 digits of account number | 36A1 | \$2,058.0 |
| Nonpriority Creditor's Name 867 E 7th St | When was the debt incurred? | | · |
| Saint Paul, MN 55106 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | O continuent | | |
| Debtor 1 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| _ | Student loans | u Juiiii | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |

☐ Yes

■ Other. Specify 14 Budget Towing Inc Of St Paul

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| Dept | or 1 Zsakiya O Morgan | | Case number (if know) | |
|----------|--|--|---|---------------------------|
| 4.2 6 | Stellar Recovery Inc | Last 4 digits of account number | 5831 | \$283.00 |
| | Nonpriority Creditor's Name 1327 Hwy 2 W Suite 100 Kalispell, MT 59901 | When was the debt incurred? | Opened 9/01/12 | - |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | ad alatas | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce that you did not | |
| | • | Debts to pension or profit-shar | ing plane, and other similar debte | |
| | ■ No □ Yes | Other. Specify Collection | | |
| | ☐ res | Other. Specify Conection | Attorney Conicast | - |
| 4.2 7 | Stellar Recovery Inc | Last 4 digits of account number | 3334 | \$285.00 |
| | Nonpriority Creditor's Name 1327 Hwy 2 W Suite 100 | When was the debt incurred? | Opened 3/01/15 | - |
| | Kalispell, MT 59901 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shar | ing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection | | |
| | | — Other openly | • | - |
| Part | 3: List Others to Be Notified About a De | ebt That You Already Listed | | |
| is t | this page only if you have others to be notified rying to collect from you for a debt you owe to s re more than one creditor for any of the debts th ified for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agenc | y here. Similarly, if you |
| | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| _ | nt and Grant | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Cla | ims |
| | 1 E. 52nd Street anapolis, IN 46205 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| mui | anapons, nv 40203 | Last 4 digits of account number | ivil | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | - |
| | ecretary of State | Line <u>4.2</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Cla | ims |
| | 1 S. Dirsken Parkway ingfield, IL 62723 | ı | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Spri | ingrieid, iL 62723 | Last 4 digits of account number | 0804 | |
| Name | e and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | |
| Stev | en Fink | | ☐ Part 1: Creditors with Priority Unsecured Cla | ims |
| | N. Northwest Hwy 201 | ı | Part 2: Creditors with Nonpriority Unsecured | Claims |
| ۵rı | rington, IL 60010 | Last 4 digits of account number | | |
| | | ~ | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Zsakiya O Morgan

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Tota | ıl claim |
|--------------|-----|---|-----|-----------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Cla | |
| | 6f. | Student loans | 6f. | \$ | 41,995.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 24,732.25 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 66,727.25 |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|-------------------|-------------|--|--|
| Debtor 1 | Zsakiya O Morga | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Raul Rodriguez
25762 S. Cottage Grove Ave.
Crete, IL 60417

State what the contract or lease is for
\$1,000.00 a month residential lease

| | | Docume | ent Page 30 d | 01 60 | |
|-----------------------------|---|---------------------------|--------------------------|---|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Zaakiya O Marga | n | | | |
| Debioi i | Zsakiya O Morga First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Casa numb | | | | | |
| Case numb (if known) | Dei | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | - |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ehtors | | | 12/15 |
| Jenea | die II. Tour Cou | CDIOIS | | | 12/15 |
| ■ No □ Yes | nin the last 8 years, have you | ı lived in a community pr | operty state or territor | r y? (Community propert | y states and territories include |
| ■ No. | a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo | | | iingion, and wisconsin.) | |
| in line Form 1 out Co | 2 again as a codebtor only i 106D), Schedule E/F (Officia Ilumn 2. | f that person is a guaran | tor or cosigner. Make | sure you have listed the 1966). Use Schedule D, | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Check all schedule | editor to whom you owe the debt es that apply: |
| | | | | | |
| 3.1 | | | | Schedule D, lin | |
| Ŋ | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| <u> </u> | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | — | |
| 3.2 | Nome | | | D Schedule D, lin | |
| Ņ | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | | | | |
|-------|--|------------------------------|-----------------------------------|-------------|------|------------------------|--------------|--------------------------------|----------|
| De | btor 1 Zsakiya O M | lorgan | | | | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | |
| Un | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number | | _ | | | Check if this is: | : | | |
| (If k | nown) | | | | | ☐ An amende | • | | |
| | | | | | | A supplement 13 income | | ng postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| atta | ouse. If you are separated and you ich a separate sheet to this form. The separate sheet to this form. Describe Employment | | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, | Employment status Occupation | ■ Employed | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | | □ Not employed | | | ☐ Not e | mployed | | |
| | employers. | | OR Tech | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Advocate HeatII | h Care | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 4440 W 95th St Oak Lawn, IL 60 | 0453 | | | | | |
| | | How long employed the | here? 1 year | | | | | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | | | | | |
| | imate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have nothing to re | eport for | any | line, write \$0 in the | space. In | clude your nor | n-filing |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the informatio | n for all e | empl | oyers for that perso | on on the li | ines below. If y | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | • | | 2. | \$ | 3,487.12 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3,487.12 | \$ | N/A | |

3,487.12

N/A

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| Deb | tor 1 | Zsakiya O Morgan | _ | (| Case | number (if known) | | | | |
|-----|---------------------|---|----------------|----------------|----------------|--------------------------------------|----------------|---------------------|--------------------------|----------|
| | | | | | For | Debtor 1 | | Debtor -filing s | | |
| | Сор | y line 4 here | 4. | | \$ | 3,487.12 | \$ | Tilling 3 | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | 365.65 | \$ | | N/A | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5b | | \$ _ | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ - | 0.00 | \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ - | 0.00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e | | <u>\$</u> — | 168.83 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f | | <u> </u> | 0.00 | \$_ | | N/A | - |
| | 5g. | Union dues | 50 | ٦. | \$ | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: ADD | - |).+ | \$ | | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | \$ | 537.19 | \$ | | N/A | - |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,949.93 | \$ | | N/A | - |
| 8. | 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive | 80 80 86 | o. o. d. | \$ \$ \$ | 0.00 0.00 0.00 0.00 0.00 | \$ \$ \$ | | N/A N/A N/A N/A | - |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f | | \$ | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 80 | g. | \$ | 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h | Դ.+ | \$ | 0.00 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | . | 0.00 | \$_ | | N/A | A |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,949.93 + \$ | | N/A | = \$ | 2,949.93 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | • | 2,949.93 ⁺ Ψ_ | | - IN/A |] ^{\(\psi\)} - | 2,949.93 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | • | | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. | \$ | 2,949.93 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form | 1? | | | | | | | y income |
| | | Vec Evolain: | | | | | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | Ī | | |
|-----------|----------------------------|--|--------------------------|---|--|--------------|-------------------|---|
| | otor 1 | Zsakiya O M | | | | Che | ck if this is: | |
| Dah | otor 2 | | <u> </u> | | | | An amended filing | .: |
| | ouse, if filing) | | | | | | 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | e number | | | | | | | |
| (If k | nown) | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | - | | |
| S | chedule | J: Your | Exper | nses | | | | 12/15 |
| Be | as complete ormation. If m | and accurate as | s possible eded, atta | If two married people ar | | | | |
| Par 1. | t 1: Desci | ribe Your House | ehold | | | | | |
| •• | ■ No. Go to | o line 2. | in a canar | ate household? | | | | |
| | □N | lo | | | | | | |
| | | | st file Offic | al Form 106J-2, Expenses | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | ☐ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | _ | | | □ No |
| | dependents | names. | | | Son | | 8 | ■ Yes |
| | | | | | Son | | 15 | □ No ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses o | penses include f people other t d your depende | han $_{\square}$ | No Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Month | y Expenses | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance it | | | | |
| | ficial Form 10 | | a nave inc | cluded it on Schedule I: Y | our income | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. In | nclude first mortgag | e 4. \$ | . | 1,000.00 |
| | If not includ | ded in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | 6 | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. S | · | 0.00 |
| | • | • | | ıpkeep expenses | | 4c. S | S | 0.00 |
| | | owner's associa | | | | 4d. S | | 0.00 |
| 5. | Additional r | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. 3 | § | 0.00 |

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| Debtor 1 Zsakiya | O Morgan | Case num | ber (if known) | |
|-------------------------------------|---|---------------------|--------------------|------------------------|
| 6. Utilities: | | | | |
| | v, heat, natural gas | 6a. | \$ | 250.00 |
| | ewer, garbage collection | 6b. | | 50.00 |
| | e, cell phone, Internet, satellite, and cable services | 6c. | • | 200.00 |
| 6d. Other. Sp | | 6d. | * | 0.00 |
| | sekeeping supplies | 7. | \$ | 500.00 |
| | children's education costs | 7. 8. | \$ | |
| | | | | 0.00 |
| | dry, and dry cleaning | 9. 10. | · | 50.00 |
| | products and services | | · | 50.00 |
| . Medical and de | • | 11. | \$ | 20.00 |
| | I. Include gas, maintenance, bus or train fare. | 12. | \$ | 200.00 |
| Do not include of | | 13. | · - | 75.00 |
| | clubs, recreation, newspapers, magazines, and books | | · | |
| | tributions and religious donations | 14. | \$ | 0.00 |
| i. Insurance. | nourones deducted from your new or included in lines 4 or 00 | | | |
| Do not include i 15a. Life insur | nsurance deducted from your pay or included in lines 4 or 20. | 15a. | ¢ | 0.00 |
| | | | | 0.00 |
| 15b. Health ins | | 15b. | | 0.00 |
| 15c. Vehicle ir | | 15c. | · - | 180.00 |
| 15d. Other ins | · | 15d. | \$ | 0.00 |
| | nclude taxes deducted from your pay or included in lines 4 or 20. | | • | |
| Specify: | | 16. | \$ | 0.00 |
| . Installment or | | 47- | • | |
| | nents for Vehicle 1 | 17a. | | 356.00 |
| | nents for Vehicle 2 | 17b. | · | 0.00 |
| 17c. Other. Sp | | 17c. | * | 0.00 |
| 17d. Other. Sp | · | 17d. | \$ | 0.00 |
| | s of alimony, maintenance, and support that you did not report as | | Φ. | 0.00 |
| deducted from | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| | s you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | perty expenses not included in lines 4 or 5 of this form or on Scho | | | |
| | s on other property | 20a. | | 0.00 |
| 20b. Real esta | te taxes | 20b. | \$ | 0.00 |
| 20c. Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintena | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowi | ner's association or condominium dues | 20e. | \$ | 0.00 |
| . Other: Specify: | | 21. | +\$ | 0.00 |
| | | | | |
| • | monthly expenses | | | |
| 22a. Add lines 4 | • | | \$ | 2,931.00 |
| 22b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | _ |
| 22c. Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 2,931.00 |
| | | | · | |
| • | monthly net income. | | | |
| , , | 12 (your combined monthly income) from Schedule I. | 23a. | · | 2,949.93 |
| 23b. Copy you | r monthly expenses from line 22c above. | 23b. | -\$ | 2,931.00 |
| | | | | |
| | your monthly expenses from your monthly income. | 00: | œ. | 40.02 |
| The resul | t is your monthly net income. | 23c. | \$ | 18.93 |
| 4 Danser : | an harmon and annual in transfer over the first of the first | : !!: - 4: ' | fa | |
| | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you | | | se or decrease bossuss |
| | ou expect to finish paying for your car loan within the year or do you expect you e terms of your mortgage? | ui mortgage | payment to increas | se of decrease pecause |
| | terms of your mongago. | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

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| | | | | | | • | |
|---------------------------------|--------------------------------|---------------------------|----------------|-------------------|-----------------------|---------------------------------|--------|
| Fill in this infor | mation to identify your | case: | | | | | |
| Debtor 1 | Zsakiya O Morga | n | | | | | |
| | First Name | Middle Name | Las | t Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | l ac | t Name | | | |
| , , | | | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINO | S | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check if this is an | ı |
| | | | | | | amended filing | |
| | | | | | | | |
| Official Fam. | 400D | | | | | | |
| Official For | | | | | | | |
| Declarat | tion About a | an Individua | I Debt | or's Sch | edules | | 12/15 |
| | | | | | | | |
| If two married p | eople are filing together | r, both are equally respo | onsible for s | upplying correc | t information. | | |
| You must file thi | is form whenever you fi | le hankruntov schedule | s or amende | d schedules. Ma | aking a false stat | ement, concealing property | or |
| | | | | | | 00, or imprisonment for up t | |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | • | | |
| | | | | | | | |
| Sig | n Below | | | | | | |
| Did vou pa | av or agree to pay some | one who is NOT an atto | rnev to help | vou fill out banl | kruptcy forms? | | |
| .,,. | , | | ., | , | .,, | | |
| ■ No | | | | | | | |
| □ Yes. | Name of person | | | | Attach Bai | nkruptcy Petition Preparer's No | otice. |
| _ | | | | | | n, and Signature (Official Form | |
| | | | | | | | |
| Under nena | alty of periury I declare | that I have read the sur | nmary and s | chedules filed w | vith this declarati | on and | |
| | e true and correct. | that I have read the 3th | illiary aria 3 | chedules filed W | vitii tiiis deciarati | on and | |
| v | | | v | | | | |
| | akiya O Morgan | | X | Cianatura of Da | htor O | | |
| | va O Morgan are of Debtor 1 | | | Signature of De | DIUI Z | | |
| Signatu | 0. 200101 1 | | | | | | |
| Date _ | January 27, 2016 | | | Date | | | |

| Fill in | this inform | nation to identify you | r case: | | | |
|----------------|-------------------------------|---|--|--|--|---|
| Debto | | Zsakiya O Morga | | | | |
| Dobto | | First Name | Middle Name | Last Name | | |
| Debto | r 2 if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | | |
| United | l States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case I | number | | | | - | Check if this is an amended filing |
| | | rm 107 of Financial | Affairs for Indivi | duals Filing for B | ankruptcy | 12/1: |
| nform numbe | ation. If mer (if known | ore space is needed, a). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup additional pages, write you | |
| Part 1 | | etails About Your Ma current marital statu | rital Status and Where You | Lived Before | | |
| . ** | nat is your | Current mantai statt | io: | | | |
| | Married Not mar | ried | | | | |
| 2. Di | uring the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | l _{No} l Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | ٠. | |
| D | ebtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and V | |
| | l No l Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| Fi | ll in the tota | I amount of income yo | u received from all jobs and a | g a business during this ye all businesses, including part- e together, list it only once ur | | ndar years? |
| | | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$1,409.44 | ☐ Wages, commissions, bonuses, tips | , |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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| | | | | | Debtor 1 | | | Debtor 2 | | |
|----|-------------|---------------------------|---------------------|--|--|-------------------------------------|---|---|--------------------------|---|
| | | | | | Sources of income Check all that apply. | | s income re deductions and sions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | | dar year Decemb | : er 31, 2015) | ■ Wages, commissions, bonuses, tips | | \$44,248.29 | ☐ Wages, combonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | | ☐ Operating a I | ousiness | |
| | | | | before that: er 31, 2014) | ■ Wages, commissions, bonuses, tips | | \$19,107.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | | ☐ Operating a l | ousiness | |
| | | | dar year: Decemb | er 31, 2013) | ■ Wages, commissions, bonuses, tips | | \$20,133.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | | ☐ Operating a I | ousiness | |
| | and winr | other nings. each s | public be | enefit payments; e filing a joint case and the gross inco | ner that income is taxable. Ex pensions; rental income; inte se and you have income that ome from each source separa | rest; divic you recei | dends; money collect ved together, list it c | eted from lawsuits; only once under De | royalties; an btor 1. | |
| | | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | | Sources of income Describe below | | s income re deductions and sions) | Sources of inco | | Gross income (before deductions and exclusions) |
| Pa | rt 3: | List | Certain | Payments You | Made Before You Filed for | Bankrup | tcv | | | |
| 6. | Are □ | either No. | Neither individu | Debtor 1 nor E all primarily for a the 90 days before 7. Go to line 7. | | umer dek old purpos id you pa | se." y any creditor a tota | I of \$6,225* or mor | e? | |
| | | | | paid that cr not include | each creditor to whom you pa reditor. Do not include paymen payments to an attorney for t t on 4/01/16 and every 3 year | nts for do his bankr | mestic support oblig uptcy case. | gations, such as ch | ild support a | and alimony. Also, do |
| | | Yes. | | | or both have primarily consu ore you filed for bankruptcy, d | | | I of \$600 or more? | | |
| | | | □ No | . Go to line 7 | 7. | | | | | |
| | | | ■ Ye | include pay | each creditor to whom you pa rments for domestic support or this bankruptcy case. | | | | | |
| | Cre | editor' | s Name | and Address | Dates of payme | ent | Total amount paid | Amount you still owe | Was this p | payment for |

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| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|----|---|---|--|--|--|
| | Raul Rodriguez 25762 S. Cottage Grove Ave. Crete, IL 60417 | 11/2015 12/2015 1/2016 | \$3,000.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other Rent |
| | Westlake Financial Svc 4751 Wilshire Blvd Suite 100 Los Angeles, CA 90010 | 11/2015 12/2015 1/2016 | \$1,074.00 | \$3,451.00 | Mortgage Car Credit Card Loan Repayment Suppliers or vendors Other |
| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which you g securities; and ar | u are a general partner; corporations ny managing agent, including one for |
| | NoYes. List all payments to an insider | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on ac | count of a debt that benefited an |
| | NoYes. List all payments to an insider | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | | | | |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case |
| | Auto Owners Insurance Company vs. Zsakiya Morgan 49D07-1501-CT-000086 | Civil | Marion Superion Divison 7 200 E. Washing #W-122 Indianapolis, II | gton St., | ■ Pending □ On appeal □ Concluded |

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Debtor 1 Zsakiya O Morgan Case number (if known) 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took **Amount** Date action was 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment **Address** transferred or transfer was payment

Official Form 107

page 4

Person Who Made the Payment, if Not You

Email or website address

made

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Debtor 1 Zsakiya O Morgan

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | cription and s | value of any pr | opert | у | Date payment or transfer was made | Amount of payment | |
|-----|---|------------|--------------------------------|------------------|--------|---|---|---|--|
| | Upright Law LLC 79 West Monroe Fifith Floor Chicago, IL 60603 notices@uprightlaw.com | Atto | orney Fees | | | | 2015 | \$1,450.00 | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. Person Who Was Paid Address | | cription and s | value of any pr | opert | у | Date payment or transfer was | Amount of payment | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, othe transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | property transferred paymen | | | any property or s received or debts xchange | Date transfer was made | | |
| | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | |
| | Yes. Fill in the details. | | | | | _ | | | |
| | Name of trust | Des | cription and | value of the pro | operty | y transfer | red | Date Transfer was made | |
| Par | 18: List of Certain Financial Accounts, Inst | ruments, | Safe Deposi | t Boxes, and S | torag | e Units | | | |
| | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other fin | ancial accou | nts; certificate | s of d | | , , | , , | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 dig | - | Type of acco | ount c | cl m | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer | |
| 21. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Add | else had ac ress (Number, s | | Des | scribe the | contents | Do you still have it? | |

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Debtor 1 Zsakiya O Morgan

| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No | | | | | | | |
|-----|---|---|---------------------------------------|-----------------------|--|--|--|--|
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | |
| Par | 9: Identify Property You Hold or Control for S | omeone Else | | | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust fo someone. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | 10: Give Details About Environmental Information | tion | | | | | | |
| For | he purpose of Part 10, the following definitions a | ipply: | | | | | | |
| - | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used | | | | | | | |
| | to own, operate, or utilize it, including disposal s <i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or si | nental law defines as a hazardous | waste, hazardous substance, toxic su | ıbstance, | | | | |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of when | they occurred. | | | | | |
| - | Has any governmental unit notified you that you | · - - | • | ntal law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Conn | ections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a tr | | • | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |

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| | | ☐ A partner in a partnership | | | | |
|---------------------|--|---|--|--|--|--|
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | |
| | _ | No. None of the above applies. Go to I | | | | |
| | Ξ | • • | | | | |
| | | , | I in the details below for each business. | | | |
| | | isiness Name Idress | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | |
| | | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | • | | |
| | | | | Dates business existed | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | |
| | | No Yes. Fill in the details below. | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | |
| Pai | rt 12: | Sign Below | | | | |
| are with 18 U | true n a ba J.S.C | and correct. I understand that making a ankruptcy case can result in fines up to £. §§ 152, 1341, 1519, and 3571. | | declare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both. | | |
| | | kiya O Morgan a O Morgan | Signature of Debtor 2 | | | |
| | | ire of Debtor 1 | 5 | | | |
| Dat | te _ | January 27, 2016 | Date | | | |
| Did | you | attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)? | | |
| | - | . 5 | · | , , , | | |
| | 'es | | | | | |
| Did ■ N | • | pay or agree to pay someone who is no | t an attorney to help you fill out bankruptcy | forms? | | |
| | es. l | Name of Person . Attach the Bankru | ıptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119). | | |

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| Fill in this inform | ation to identify your | case: | | |
|--|--|--|---|---|
| Debtor 1 | Zsakiya O Morgai | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ban | kruptcy Court for the: | NORTHERN DIST | FRICT OF ILLINOIS | |
| Case number | | | | ☐ Check if this is an amended filing |
| | t of Intentio | | riduals Filing Under Chapte | r 7 12/15 |
| | idual filing under cha claims secured by yo | , • | l out this form if: | |
| you have lease You must file this | d personal property a form with the court w er is earlier, unless th | nd the lease has no ithin 30 days after | ot expired. you file your bankruptcy petition or by the date set e time for cause. You must also send copies to the | |
| • | pple are filing together I date the form. | in a joint case, bo | th are equally responsible for supplying correct inf | ormation. Both debtors must |
| | nd accurate as possib ur name and case nun | | needed, attach a separate sheet to this form. On the | he top of any additional pages, |
| Part 1: List You | ur Creditors Who Have | Secured Claims | | |
| 1. For any creditor | rs that you listed in Pa | art 1 of Schedule D | : Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| information belo | ow. ditor and the property t | nat is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's W e | estlake Financial Sv | vc | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: | 2006 Chrylser Seb miles Value According to | | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| Part 2: List You | ur Unexpired Persona | I Property Leases | | |
| For any unexpired in the information | l personal property le below. Do not list rea | ase that you listed I estate leases. Un | in Schedule G: Executory Contracts and Unexpired expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe your un | expired personal prop | perty leases | | Will the lease be assumed? |
| Lessor's name: | Raul Rodrigue | Z | | □ No |
| | | | | Yes |
| Description of leas Property: | sed \$1,000.00 a m o | onth residential l | ease | |
| Part 3: Sign Be | elow | | | |

Official Form 108

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| Det | otor 1 Zsakiya O Morgan | Case number (if known) |
|-----|--|---|
| | | |
| | er penalty of perjury, I declare that I have indicated n perty that is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
| Х | /s/ Zsakiya O Morgan | X |
| | Zsakiya O Morgan | Signature of Debtor 2 |
| | Signature of Debtor 1 | |
| | Date January 27, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-02497 Doc 1 Filed 01/27/16 Entered 01/27/16 16:32:24 Desc Main Document Page 49 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Zsakiya O Morgan | | Case No. | | | | |
|-------------|---|--|---|------------------------------------|--|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOR | NEY FOR DE | CBTOR(S) | | | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | | | |
| | For legal services, I have agreed to accept | | \$ | 1,450.00 | | | |
| | Prior to the filing of this statement I have received | d | \$ | 1,450.00 | | | |
| | Balance Due | | | 0.00 | | | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | | | |
| 3. T | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. T | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 5. I | I have not agreed to share the above-disclosed com | npensation with any other person to | unless they are mem | bers and associates of my law firm | | | |
| [| ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | | | |
| 6. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| b c | Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] Negotiations with secured creditors to | atement of affairs and plan which itors and confirmation hearing, an | may be required; d any adjourned hea | rings thereof; | | | |
| | reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | ions as needed; preparation | | | | | |
| 7. E | By agreement with the debtor(s), the above-disclosed a Representation of the debtors in any dany other adversary proceeding. | | | es, relief from stay actions or | | | |
| | | CERTIFICATION | | | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | any agreement or arrangement for | payment to me for r | epresentation of the debtor(s) in | | | |
| Ja | anuary 27, 2016 | /s/ David Gallaghe | er | | | | |
| Da | ate | David Gallagher | | | | | |
| | | Signature of Attorney Upright Law LLC | V | | | | |
| | | 79 West Monroe | | | | | |
| | | Fifith Floor | | | | | |
| | | Chicago, IL 60603 855-466-3920 Fax | | | | | |
| | | notices@uprightla | | | | | |
| | | Name of law firm | | | | | |

UpRight Law LLC

<u>ATTORNEY CLIENT BASE RETAINER AGREEMENT FOR CHAPTER 7 BANKRUPTCY RELATED</u> <u>SERVICES</u>

This Agreement is executed between UpRight Law LLC and the undersigned ("Client" or "Debtor"), collectively the "Parties". This agreement contemplates bankruptcy related services ("Bankruptcy Services" or "Services") ONLY and no other services. Firm is not retained to represent Client in any other legal proceedings. Firm will NOT take any action outside of Services described in this Base Retainer Agreement ("Agreement"). Client acknowledges that no creditor actions including letters, utility shut-off's, garnishments, repossessions, taxing authority's actions, or foreclosure sales will be stopped until the petition is filed. Client is responsible for informing Firm of any critical dates including foreclosure sale dates.

- 1. Type of Bankruptcy Representation and Venue. Client retains Firm, (and not any specific attorney/staff member) to represent Client for Chapter 7 Bankruptcy Services. This Agreement is subject to Client residing in Client's current county of residence for the duration of the Services. If Client determines at a later date that Client desires to file or convert to a Chapter 13, the parties shall execute a new retainer agreement. This Agreement does not include representation in any objection to discharge, audit, adversary proceeding, or any contested matter. Firm will require an upfront retainer if Firm agrees to represent client in any such other matter.
- 2. Type of Retainer Fee ("Retainer" or "Fee"). Client retains Firm under a General Retainer known as a "FLAT FEE" RETAINER" whereby Firm agrees to provide Services for a fixed amount. Firm is retained on a flat fee basis and not on an hourly basis unless otherwise indicated in this Agreement, and is therefore NOT charging its usual hourly rates of \$395.00 per hour for attorney time and \$125.00 for paraprofessional time. Client understands that before Client verbally agreed to retain Firm, Firm provided legal services to Client through the Financial Empowerment Session (FES), and that as soon as Client signs this written retainer agreement with Firm, Firm will re-review all intake documents and Client information, set up payment plans in Firm's case management system, and perform other administrative tasks associated with opening Client's file. If Client terminates Firm's services, Firm will perform legal and administrative services associated with closing Clients matter. Client understands that the time associated with opening and closing Client's matter will amount to no less than 2 hours of time. As a result, if Client terminates Firm at any time before conclusion of this representation, Firm will have earned fees in this matter. Client agrees that Client owes fees for any pre-termination services and that the value of the services will be computed by estimate of lawyer and paraprofessional time that has been expended, except that if Client terminates Firm's services within 24 hours of a verbal retention, no fees will be charged to Client and any fees paid by Client before termination will be refunded; if Client terminates the Firm more than 24 hours but less than 72 hours after verbal retention, Firm will charge client a \$100 processing fee and will refund 75% of any fees paid by Client as of the time of termination; or if Client terminates Firm more than 72 hours but less than one week after verbal retention, Firm will charge client a \$100 processing fee and will refund 50% of any fees paid by Client as of the time of termination, all subject to the Client's right to request a refund calculated by

estimates of time expended by Firm in regard to Client's case. The refund policy also applies in the event of a termination of this Agreement by Firm. Firm may terminate at will, but ordinarily does not terminate unless Firm believes that Client has acted abusively toward Firm staff, failed to cooperate with Firm in completing Client's case, has lied to Firm, or involves the commission of a crime. Because this is a flat fee representation, Client expressly waives any rights to any accounting or monthly billing of time spent on this matter. Firm may not keep records of time spent on this matter. Time will be estimated and hourly rates will be used in the event of any fee dispute. The Fee is earned when paid and immediately becomes property of the Firm. Fees will be placed into Firm's general expense/operating account and -will NOT be placed into any Firm IOLTA client trust fund account, or any other type of Trust or Escrow account unless required by the rules of the jurisdiction in which Client's matter will be filed.. The Retainer is paid by Client to the Firm in order to ensure Firm's commitment of availability for a time period, representation for Services, assumption of Professional Responsibility, and consultation. The amount of the Retainer is based upon the information provided by Client at the consultation and in the information intake sheet and may be adjusted upward by several factors including (i) required services beyond the Bankruptcy Services defined herein, (ii) undisclosed assets, income, debts, transfers and preferences, (iii) failure to pay all the fees and costs within the prescribed time; (iv) creditors exceeding 25 in number, or; (v) additional unsecured debt 20% in excess of amounts indicated by Client at the consultation charged at two and one half (2.5%) of the additional unsecured debt. The Retainer is based on the following assumptions: (a) the Client has provided the Firm with complete and accurate information and fully disclosed all financial information to Firm; (b) the Client's circumstances, particularly the Client's current monthly income does not substantially change prior to the filing of the petition; (c) client provides all requested documents within 15 days of the date of this Agreement. Client acknowledges that Client has 60 days from Client's final payment of Fees to turn in all requested documents or will be charged an additional Fee of \$375.00, and that any amounts on deposit with Firm to pay filing fees or other costs will be applied by Firm toward that \$375 Fee. No Chapter 7 petition will be filed until all Fees and costs are paid in full and Client provides all documents. Firm assumes no responsibility for any changes in laws should client delay the filing by not paying quickly and providing required documentation.

- 3. Payment Term. The Retainer must be paid in full within 6 months from the date of this Agreement after which the terms of this agreement terminate with no further notice or, subject to paragraph 5 below, obligations due from either party, except that parties can renegotiate terms upon which representation will continue. Client authorizes Firm to make changes to any payment schedule and take payments with verbal authorization.
- 4. Virtual Representation. Client understands and agrees that Firm represents its clients virtually, meaning primarily through means of telephonic and digital (online) communication. Client agrees that whenever possible, Client's communication with the firm will not be face to face at a physical office, but rather through email, over the phone or through a virtual meeting room that Client accesses through Client's computer or telephone. Client has elected to use the Firm, in part, because the Firm offers this service and Client finds this service to be more efficient and convenient. Client also understands that court rules within Client's local jurisdiction may require Client to sign Client's final documents in the presence of the lawyer, in which case Client

agrees that Client will travel to Client's lawyer's office at a mutually agreeable meeting time. At Client's request, Client has the right to arrange a meeting with Client's attorney at lawyer's local office or a location mutually agreeable by lawyer and Client. Client understands that Firm reserves the right to charge Client a \$100 fee for each in office visit. Client further understands that due to the scheduling challenges associated with in office visits, such visits may cause a delay in the Client's case being filed.

- 5. Guarantee Refund Policy. Firm offers a 100% Money Back Guarantee that if the courts do not accept your bankruptcy filing because of an error on our part, we will refund 100% of your money, including the filing fee. The guarantee covers everything that a bankruptcy law firm produces in order to successfully complete a bankruptcy. We guarantee that it will be done in a manner that is accepted for filing with the bankruptcy clerk's office. Exceptions: There may be reasons beyond our control that may cause a case to be dismissed or cause the result to be different than what Firm represented was the likely outcome. Therefore, the 100% Money-Back Guarantee does not guarantee; a) that you will receive a discharge. b) that you will receive a discharge of all debts or of any particular debt. c) that you, our client, will successfully complete all of your obligations including accurate disclosure of debts and assets, completing your forms and courses on time and attending your 341 meeting as scheduled. d) that you will not lose assets in chapter 7, or that creditors won't successfully argue for the repossession of collateral in chapter 13. e) that you will not encounter challenges of any kind to your bankruptcy case. Except as provided in this paragraph ad in section 2 above, all fees forwarded and paid to Firm constitute earned compensation upon receipt by Firm and become property of the Firm and Firm is not obligated to refund any portion to Client regardless of when or in what manner this matter may be concluded, or this agreement terminated.
- 6. **Due Diligence.** Firm may investigate/verify the information provided by Client via third party sources and is authorized to amend information provided by Client as a result of its investigation. Firm may order (at Client's expense), or request client order, due diligence documentation/items, including but not limited to appraisals, real estate and auto valuations, credit checks, tax transcripts, asset searches and anything firm deems appropriate to confirm Client information. If not provided by Client within 30 days of request, or at Client's request, Firm, at its discretion is authorized to utilize certain due diligence products and pass through to Client the cost of such products plus a reasonable administrative fee to compensate Firm for the time to order and process such documents.
- 7. **Debtor's Obligations to Pay Designated Costs/Fees/Due Diligence.** In addition to the Retainer, the Client shall be obligated to obtain/pay for the following items: (a) Pre-filing consumer credit counseling; (b) post-filing debtor education instructional course; (c) tax transcripts; (d) public record, asset/lien searches; (e) copies of judgments, deeds, deeds of trust, title certificates, court papers, county tax records, appraisals, broker price opinions (BPO), auto valuations, and other similar documents; (f) any other records or statements not produced by Client; (g) administrative costs, e.g., postage, parking, copies, gas limited to a flat fee of \$100; (i) court costs related to the potential filing of a Chapter 7 bankruptcy case (currently \$335 as of 6/1/14); and (j) cost of amended schedules (\$176.00).

- 8. Bankruptcy Services further defined. The Services included in the Retainer are (a) analyzing the client's financial situation, and advise and assist the client in determining whether to file a petition under the Bankruptcy Code; (b) when applicable, filing the debtor's payment advices together with the Payment Advice Form (c) providing consultation to enable the Client to make an informed decision about filing Chapter 7; (d) advising Client of all available exemptions; (e) assisting the Client in complying with all of the requirements imposed by the Bankruptcy Laws and Rules, (f) preparing and filing the petition, all required lists, schedules and statements, as well as any amendments that may be necessary or appropriate; (h) filing the certificate required from the individual debtor from an approved nonprofit budget and credit counseling agency for pre- petition credit counseling; (i) drafting and mailing notice to creditors; (j) notifying Client of, preparing Client for, and attending the Section 341 meeting of creditors; (k) assisting Client in complying with information requests by the Bankruptcy Trustee, the Court, or other parties; (1) communicating with all parties involved in the case; (m) reviewing of Bankruptcy Petition and Schedules; (n) sending any pre-filing correspondence; and (o) calculating Current Monthly Income to determine if any presumption of abuse would arise under the bankruptcy code; (p) filing the debtor's certification of completion of instructional course concerning financial management . Client has received a free consultation without any obligation to retain Firm. Client agrees that the consultation time is now part of the Bankruptcy Services. As to subsection (f) of this section, Debtor expressly authorizes Firm to designate counsel to appear on Client's behalf at creditor meetings and hearings, at no additional cost to Client.
- 9. Additional or Non-Base Legal Services POST-PETITION. Legal services which are beyond those contemplated in the Base Retainer will be provided by Attorney POST PETITION at an additional fee, including but not limited to representing Client in: (a) discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay (hourly); (c) motions to redeem personal property (\$600.00); (d) rule 2004 examinations (hourly); (e) motions to avoid liens/judgments(\$500.00); (f) contested matters or adversary proceedings (hourly); (g) contested matters regarding Client's claim of exempt property (hourly); (h) Amend any list, schedule, statement, and/or other document required to be filed with the petition as may be necessary or appropriate (hourly); (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing(\$150.00); (j) motions or adversary complaints to abandon/refinance/sell/purchase property (hourly); (k) assisting in carrying out the Debtor's Statement of Intentions (hourly); (l) monitoring an "asset case" (hourly); (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling (\$355); (n) issues that arise that are not specifically listed in the Retainer (hourly). For such non-base services, you will be charged \$395.00 per hour for attorney time and \$125/hour for paraprofessional time billed in 6-minute minimum increments, however, the Firm will be entitled to contingency fee of 25% of garnishment/wage assignment recovery. Client hereby authorizes Firm, but does not require it, to investigate for the existence of violations of the automatic stay, the discharge injunction, or for breach of any state/federal consumer protection statutes or bankruptcy code violations, and to prosecute them with or without the assistance designated counsel as Firm deems necessary to pursue such claims. If Client decides with Firm to bring an individual Lawsuit then, in the event of a recovery through settlement or judgment, the fee will be calculated by applying the greater of: a) a multiple of Firm's usual hourly rates at the time of the Recovery, times the actual hours

expended on this matter, or; b) \$1750 of the first \$2000 in total Recovery, plus 50% of the Recovery in excess of \$2000, or; c) in the event Firm successfully pursues an FDCPA or TCPA claim, Client shall receive no less than \$250. If Firm loses a lawsuit brought on Client's behalf then Client will not be obligated to pay a fee or costs.

- **10. Reaffirmation Agreements.** Firm is retained to negotiate, review, and execute any re-affirmation agreements with Client's creditors, and to appear at any reaffirmation hearings. Where permissible, such services are considered Non-Base Services and Firm will charge \$150.00 per signed reaffirmation. In various jurisdictions, services for reaffirmation agreements may not be excluded in Firm's limited scope retainer agreement, in which case the Firm will waive the \$150.00 fee. Client understands creditors are not obligated to offer reaffirmation agreements. Unless Client obtains a reaffirmation agreement from creditor and contacts Firm to negotiate and/or file a reaffirmation agreement signed by BOTH creditor and Client, Client and Firm shall presume no reaffirmation agreement exists or was requested by Client. Client should continue to make payments on items Client desires to reaffirm, obtain an executed reaffirmation agreement, or risk losing said items. Client agrees the Firm has no obligation to execute any reaffirmation agreement and reserves the right NOT to sign/execute any reaffirmation agreement on behalf of Client, particularly if, in the Firm's reasonable judgment, executing such agreement would not be in the best interest of Client.
- 11. Receipt and Acknowledgement of Mandatory Notices and Disclosures. The Bankruptcy Code as amended effective 10/17/2005 requires that Firm provide mandatory notices and disclosures to Client. Client acknowledges that Client has received, read, and understands the two documents titled Statement Mandated by Section 527(b) of the Bankruptcy Code and Notice to Clients Who Contemplate filing Bankruptcy. Such disclosures are acknowledged by Client, and are incorporated by reference and made part of this Agreement
- 12. Client Representations of Good Faith and to Firm. Client attests and affirms that they have not given Firm any false or misleading information or omitted any information from Firm. If Client is making payment arrangements, Client agrees to "auto pay" via debit card or ACH from a checking account, set up with Firm's billing department as part of Firm's willingness to take payments and any payments sent by check may be converted and processed by Firm as an ACH or "V-Check" transaction.
- 13. NSF Checks. Client agrees to pay a \$50.00 for dishonored checks plus fees/costs associated with collection, thereof, and any other balance due on this account, including but not limited to attorney fees and court costs, with a minimum fee of \$500.00 for additional attorney fees.
- 14. Retention and Disposition of Records. Firm maintains files indefinitely, but reserves the right to destroy any file 10 years starting from the date the case is closed. Firm encourages Client to keep and maintain copies of all bankruptcy related matters. Client may request a copy of the file or any documents within the file by sending a written request with a retrieval and duplication fee of \$50. Firm satisfies such requests within thirty (30) days of receipt. Client may expedite delivery to under ten days by paying \$75 per request.

- 15. Limited Power of Attorney. Client agrees that the signature on this contract also grants Firm a limited power of attorney to affix its signature to any authorization forms required to (a) obtain tax information from any third party tax preparer, accountant, the state or federal taxing authority or any other party in possession of any type of tax information/returns related to Client, including, but not limited to copies of Client's tax returns and/or transcripts, and 2) obtain due diligence products from third parties including, but not limited to, real estate appraisals and/or comparative market analyses, title searches, asset searches, personal property valuations, and credit reports.
- 16. I/WE UNDERSTAND THAT THE INFORMATION DISCLOSED IN THE PETITION IS GIVEN UNDER PENALTY OF PERJURY AND THAT THE FEDERAL PENALTY FOR PERJURY MAY INCLUDE IMPRISONMENT AND HEAVY FINES.

DATED: 8/5/2015

CLIENT(S):

FIRM: UpRight Law LLC

DocuSigned by:

A Debt Relief Agency

Client: Seakiya Moveyan

For Firm: Andrew Weiss

Print: Zsakiya Morgan

Print: Andrew Weiss

United States Bankruptcy Court Northern District of Illinois

| In re | Zsakiya O Morgan | | Case No. | |
|-------|--|--|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VI | ERIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 31 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of credi | tors is true and correct to | the best of my |
| | | /s/ Zsakiya O Morgan | | |

Alliance One Attn: Bankruptcy Po Box 2449 Gig Harbor, WA 98335

Auto Owners Insurance Company 6101 Anacapri Blvd. Lansing, MI 48917

Commonwealth Financial Systems 245 Main St Dickson City, PA 18519

Dept Of Ed/Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

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Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255 Diversified Consultants Inc. PO BOX 551268
Jacksonville, FL 32255

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Genesis Lending PO BOX 84004 Columbus, GA 31908

GLA Collection Company Po Box 7728 Dept #2 Lousiville, KY 40257

Grant and Grant 1101 E. 52nd Street Indianapolis, IN 46205

IL Secretary of State 2701 S. Dirsken Parkway Springfield, IL 62723

Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123

RWI Investments PO BOX 331 Gilberts, IL 60136

Springer Collection 867 E 7th St Saint Paul, MN 55106

Stellar Recovery Inc 1327 Hwy 2 W Suite 100 Kalispell, MT 59901 Stellar Recovery Inc 1327 Hwy 2 W Suite 100 Kalispell, MT 59901

Steven Fink 421 N. Northwest Hwy 201 Barrington, IL 60010

Westlake Financial Svc 4751 Wilshire Blvd Suite 100 Los Angeles, CA 90010